

IFW

3749

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/529,123
		Filing Date	March 24, 2005
		First Named Inventor	Patrick ACHENBACH
		Art Unit	3749
		Examiner Name	Stephen Michael Gravini
Total Number of Pages in This Submission	12	Attorney Docket Number	6097P061

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Return receipt postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan S. Miller, Reg. No. 48,534 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	December 27, 2006

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Jean Svoboda
Signature	
Date	December 27, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2006.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



DEC 29 2006

**EE TRANSMITTAL
for FY 2006**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known	
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METHOD OF PAYMENT (*check all that apply*)

Check Credit card Money Order None Other (please identify):

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	18	20*	0	x 50.00 = \$0.00
Independent Claims	2	3*	0	x 200.00 = \$0.00
Multiple Dependent				=

Large Entity	Small Entity	
Fee	Fee	Fee Description
Code	Code	(\\$)
1202	50	2202 25 Claims in excess of 20
1201	200	2201 100 Independent claims in excess of 3
1203	360	2203 180 Multiple Dependent claim, if not paid
1204	790	2204 395 **Reissue independent claims over original patent
1205	300	2205 150 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\\$) 0.00

***or number previously paid, if greater. For Reissues, see below*

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Description

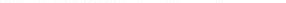
late filing fee or oath
late provisional filing fee or cover sheet
specification
reply within first month
reply within second month
reply within third month
reply within fourth month
reply within fifth month
seal
in support of an appeal
oral hearing
stitute a public use proceeding
e Commissioner
e under 37 CFR 1.17(q)
f Information Disclosure Stmt
ession after final rejection (37 CFR § 1.

Other fee (specify)

SUBTOTAL (2)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Jonathan S. Miller	Registration No. (Attorney/Agent)	48,534	Telephone	(310) 207-3800
Signature				Date	12/27/06

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Docket No. 006097.P061

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

Patrick Achenbach

Application No.: 10/529,123

Filed: October 13, 2005

For: **DEHUMIDIFYING OF AIR WITHIN
SWITCH CABINET FOR A WIND
TURBINE BY MEANS OF PELTIER
ELEMENT**

Examiner: Stephen Michael Gravini

Art Unit: 3749

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Office Action of October 4, 2006, please amend the above-identified application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.